



The Future of Medical Conferences

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A Hybrid Model for Better Multichannel Scientific Engagement

Scientific events are one of the most important avenues for engaging of healthcare stakeholders across the product lifecycle. The average life sciences company conducts more than 20 types of events, including speaker programs, medical advisory boards, investigator meetings, trainings, and more. In just the first five months of 2015, the industry spent \$547 million on travel, food, lodging and speaking and consulting fees for healthcare professionals in the U.S. market alone. Worldwide, event spending was estimated at \$3.5 billion for the year.¹

As traditional office access declines, events will only become more crucial to educate healthcare professionals. At the same time, the rise of the digital opportunity in life sciences is disrupting traditional selling models. Digital channels are expanding into the enterprise – 86% of HCPs now use a smartphone for work, while 53% use a tablet.² Ninety six percent of HCPs say they would see benefits from attending more conferences, meetings, and CME events virtually.³ These digitally-native physicians expect information to be on-demand for fast, easy, convenient access anywhere, anytime.

Moreover, beyond just access, the consumerization of technology is driving demand for a more coordinated customer experience that extends across all channels. Information from each customer touchpoint must build upon the last, so life sciences companies can deliver a coordinated multichannel experience that's consistent and personalized. Together, these trends are spurring a move toward a hybrid model of virtual and physical events that needs to be fully integrated into an overall coordinated engagement strategy.

However, companies have faced significant barriers to adopting digital capabilities and orchestrating interactions. They have been limited by horizontal technology that does not allow for validating attendee credentials, controlling content, and capturing regulated content delivered in CRM. Events – whether physical or virtual – have traditionally been managed with multiple disparate tools. This fragmentation has made it difficult to capture data from online interactions and marry it with insights from other solutions and channels of activity. Companies require a new approach: one that simplifies multichannel engagement while maintaining event-driven compliance.

The rise of integrated life-sciences specific applications that bring compliant content management, multichannel CRM, and event management capabilities together within a single solution

are changing the way pharma approaches events. Now, delivering compliant virtual events is easy, opening up a new channel for life sciences. A unified approach also helps bring events out of their silo and incorporates them into a complete customer view. Companies can plan and execute more effective events, and create the right mix of event types.

A hybrid model of live and virtual events also allows for better resource allocation enterprise-wide. Getting customers to physical events can be difficult due to travel time, scheduling and logistics, and potential impact on transparency reporting. However, inviting an HCP to a webinar automatically removes logistical expenses and transfers of value. Investigator meetings for global clinical trials are another key example. Conducting these meetings virtually ensures that all sites worldwide get consistent information, at the same time, speeding site initiation.

Successful integration of new channels also enables companies to expand their reach to deliver scientific data to HCPs may have been previously left behind in communication strategies. Today, HCPs who fall within white space territories are unable to meet with reps and medical science liaisons (MSLs). Often, these HCPs are located outside the influence of global academic KOLs or key HCP populations prioritized for top tier events and conferences. By opening up engagement to a wider population of attendees, virtual events enable greater information sharing across the healthcare ecosystem. HCPs at every level get the chance to network with peers and leaders in their field, without leaving their desks. Ultimately, increasing the accessibility of such data helps drive improved patient outcomes. And with tight multichannel integration, recordings of these events can be shared quickly through digital channels, extending the value of companies' event investment. Freed from the need to host a multitude of physical events around the globe, life sciences companies can focus on best executing a core set of global advisory boards or key meetings, and supplement these events with a steady stream of remote engagements.

With the advent of new commercial models and innovations in enabling technologies, life sciences companies are able to make coordinated multichannel engagement viable for their customers. As a result, HCPs can now get faster access to the information they need, ultimately enabling deeper relationships between pharma and healthcare.

1 Rowland Stiteler, "The True Impact of Meetings" The Meeting Professional (June, 2015)

2 "Maximizing Multi-Screen Engagement Among Clinicians," Epocrates, 2013, http://www.epocrates.com/oldsite/statistics/2013%20Epocrates%20Mobile%20Trends%20Report_FINAL.pdf

3 Healthcare IT News, "On24, MedData Group Study Reveals Physician Behavior." Healthcare IT News, 2012. <http://www.healthcareitnews.com/press-release/on24-meddata-group-study-reveals-physician-digital-behavior>

Scientific Engagement is Now Borderless

Decline in Face-to-Face Meetings Increases Importance of Events

53% 

of physicians
restrict access to
pharma sales reps

\$3.5B 

5 spent in just the first
months of 2015

\$1M+

global healthcare
industry events
each year



41% 

of events in 2015
were venue-based,
up 5%

Digital Engagement is on the Rise

86%

of HCPs now
use a smartphone
for work



51%

of HCPs are digital natives

As of 2014

Legacy Systems Create Siloed Approach

72%

of pharma struggle
with multiple systems
to track HCP data



**Fragmented
processes**

mean coordinating event
strategy and ensuring
compliance is difficult.



Unifying Event Management

Veeva CRM Events Management for physical events and
Veeva CRM Engage Webinar for virtual events are built for life sciences
and designed to work together, enabling a new model.

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Physician Perspectives on the Future of Medical Conferences

Introduction

For medical affairs teams, conferences can provide an efficient way to meet key opinion leaders (KOLs). Logistically, it reduces travelling time for medical science liaisons (MSLs) simply because several KOLs with whom they want to interact are gathered in one location. KOLs are also away from their usual busy schedules and may be more open to a dialogue with an MSL.¹

Several factors are, however, leading to change in conference attendance. These include the rise in social media in recent years, which has rapidly expanded the reach of medical conferences around the world, providing a platform for discussion before, during and after a meeting.² This trend is concurrent to the growing proportion of digitally-native healthcare providers (HCPs), which is expected to rise to two-thirds by 2020. While the number of physical attendees at conference is expected to remain constant, the trend toward virtual conference attendance is rising and the number of virtual attendees has been exceeding physical attendees since a tipping point was reached in 2014.³

Other drivers for change include tightening budgets, increasing medical society fees,⁴ and the introduction of legislation and codes of practice over the last few years that have led to the disclosure of direct and indirect 'transfers of value' between pharma companies and healthcare providers (HCPs). These include the Open Payments legislation in the US, which was brought in under the Affordable Care Act⁵ and the European Federation of Pharmaceutical Industries and Associations' (EFPIA) Code on Disclosure of Transfers of Value from Pharmaceutical Companies to Healthcare Professionals and Healthcare Organisations.⁶

To gauge physicians' views, this FirstWord poll asked them for their views on physical and virtual conference attendance in 2016, compared with expected attendance in 2021, as well as seeking confirmation of the drivers for change.

Physical versus virtual conference attendance in 2016

To ascertain the current landscape for physical versus virtual conference attendance, physicians were asked how many conferences they would be attending in person in 2016 and how many they would attend virtually.

Among the total respondents (n=164), the median number of conferences that physicians expressed their intention to attend in person was three. While 3.7 percent of respondents (n=6) indicated that they would not be attending any conferences in 2016, 10.4 percent (n=17) indicated they would attend one conference, 22.6 percent (n=37) would attend two conferences and 18.9 percent (n=31) would attend three conferences. By comparison, 20.7 percent of respondents indicated that they would attend seven or more conferences (n=33).

Figure 1: Physical conference attendance in 2016

Physical conference attendance differed between EU5 and US respondents, with physicians from the EU5 being inclined to attend more conferences than their peers in the US. The mean average number of conferences that EU5 respondents indicated they would attend was 7.6, compared with 4.2 among US respondents. This was due to a significantly higher proportion of EU-based physicians attending four or more conferences (59.6 percent) compared with those from the US (26.7 percent). Around half of US physicians were more likely to attend one or two conferences (50.7 percent), compared with EU5 physicians (18.0 percent).

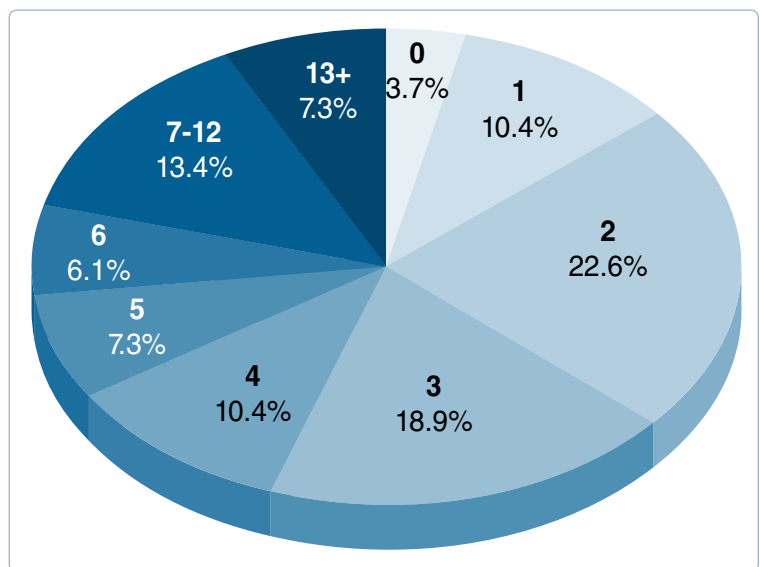
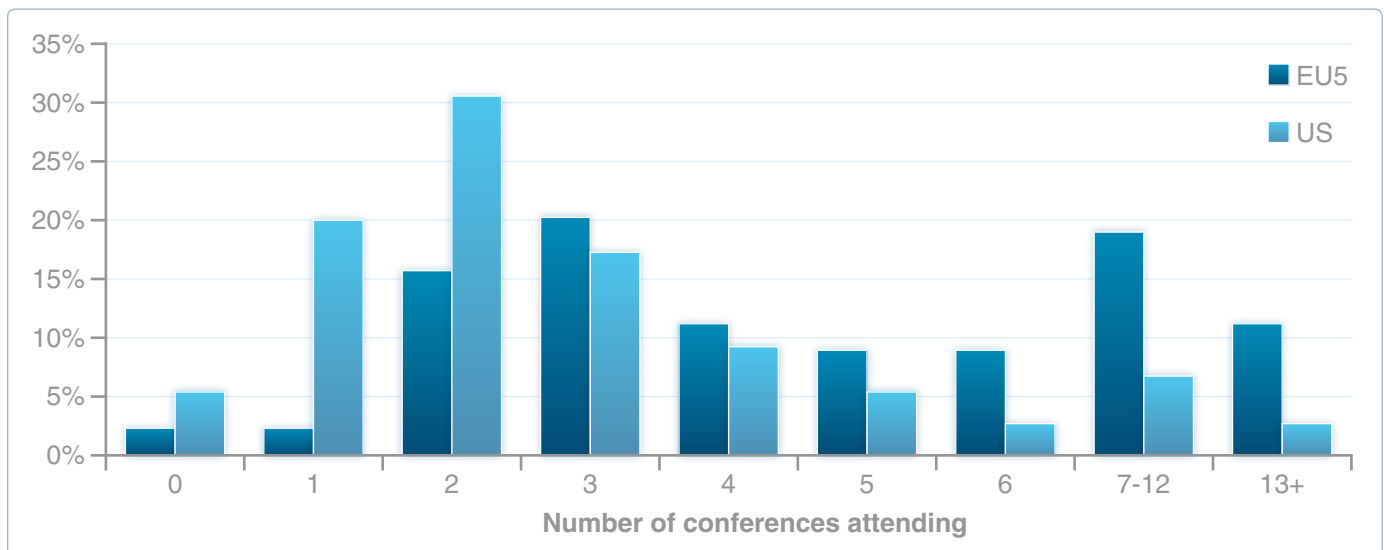
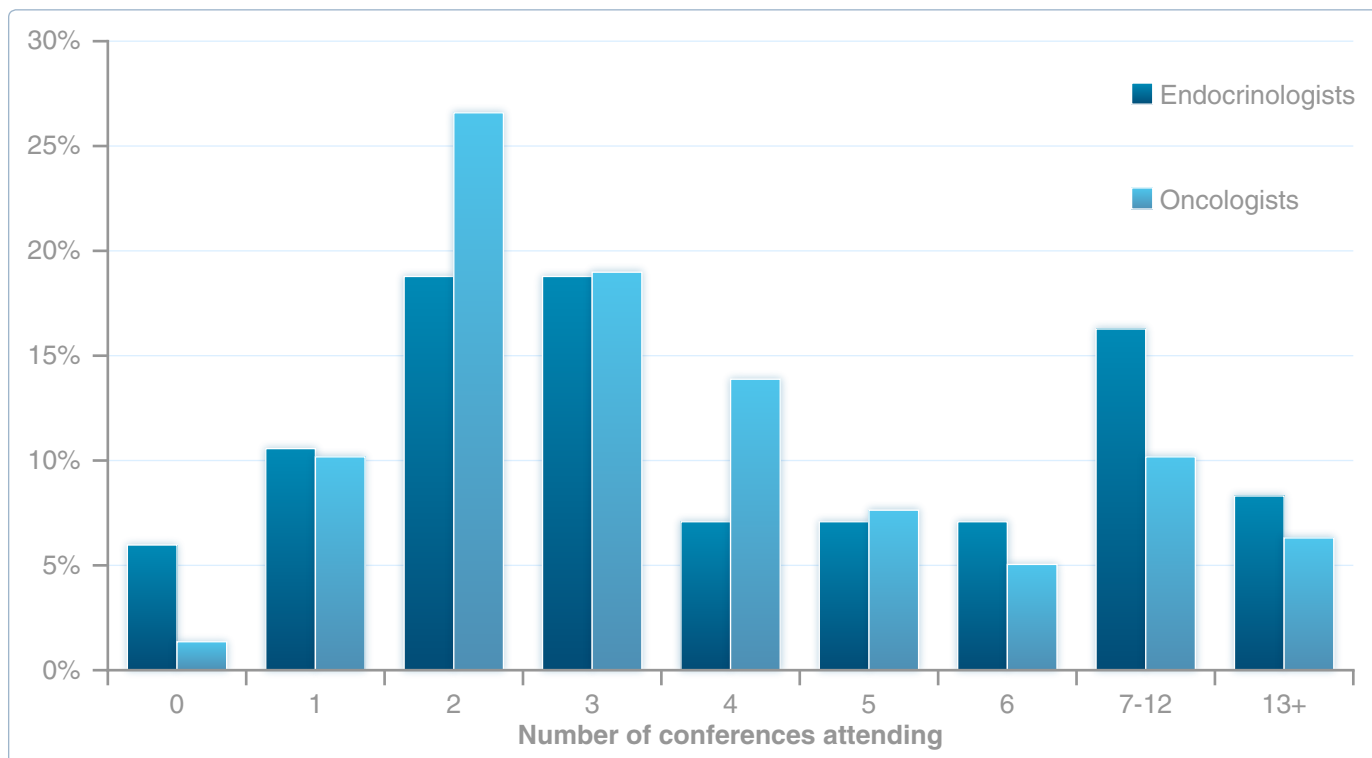


Figure 2: Physical conference attendance in 2016 (EU5 vs US)



There were notable differences in conference attendance between endocrinologists and oncologists, with 69.6 percent of oncologists indicating an attendance at between one and four conferences, compared with 55.3 percent of endocrinologists. Conversely, 24.7 percent of endocrinologists indicated they would attend seven or more conferences, compared with 16.5 percent of oncologists.

Figure 3: Physical conference attendance in 2016
(Endocrinologists vs Oncologists)



In 2016, FirstWord's poll results suggest that physical attendance at conferences is more popular among respondents than virtual attendance. Among the physicians surveyed, 25.0 percent (n=41) indicated that they would not be virtually attending any conferences during the year, versus 3.7 percent of physicians (n=6) not attending a conference in person. Among physicians who indicated that they would attend seven or more conferences, the proportion was significantly higher for physical attendance (20.7 percent) than for virtual attendance (12.8 percent). The mean average for in person attendance was 6.2 conferences, while for virtual attendance it was just 4.3 conferences.

Figure 4: Conference attendance in 2016 (In person vs virtual)

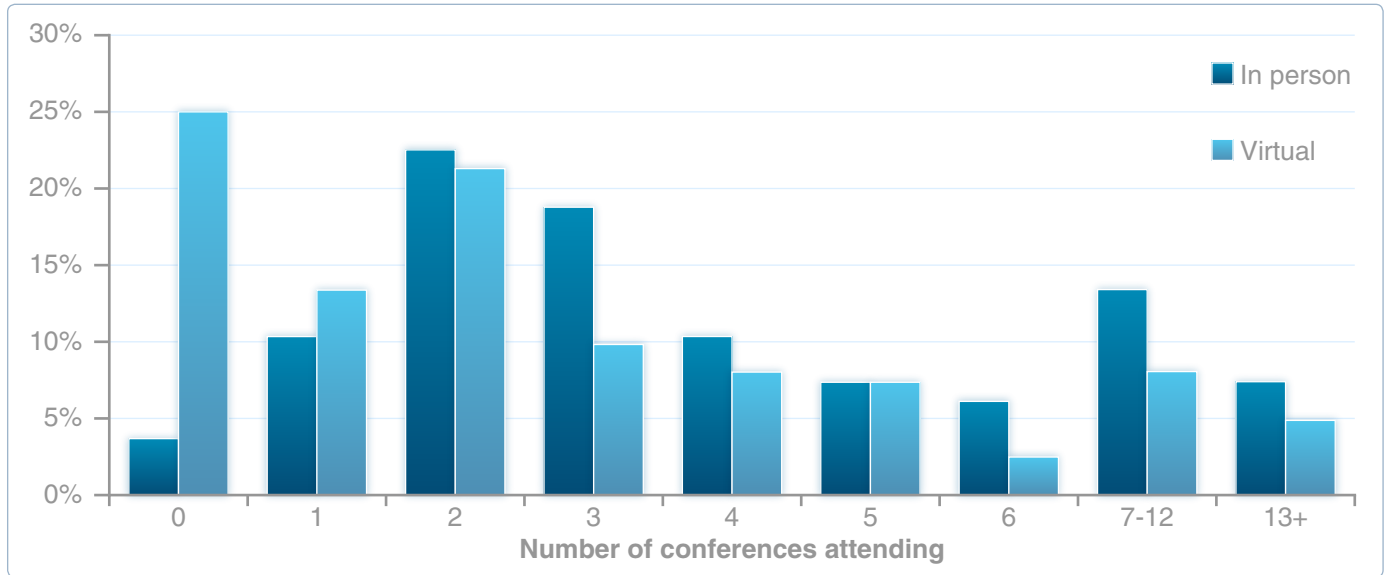
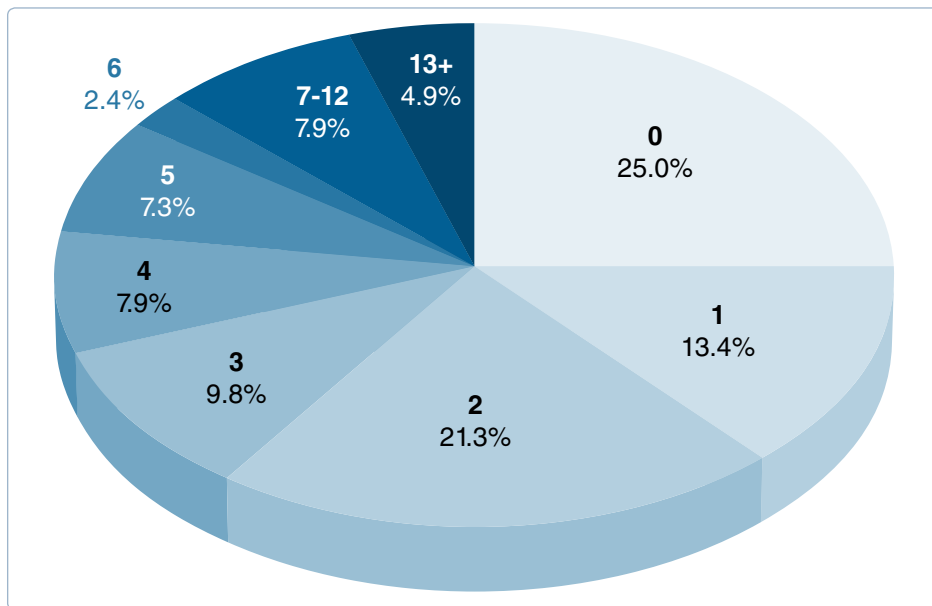
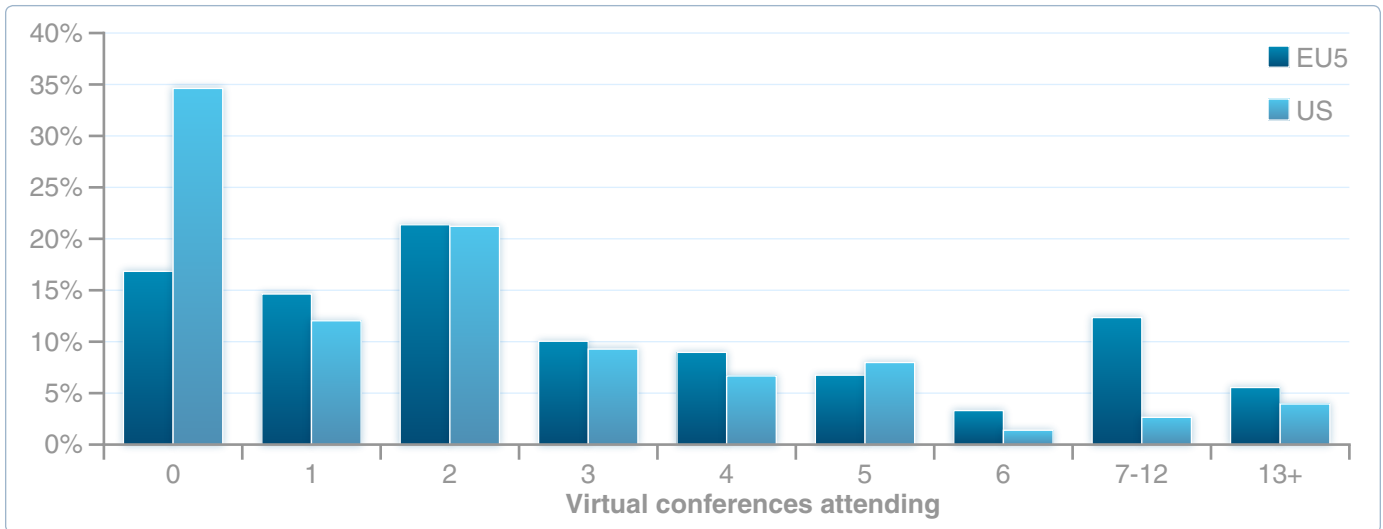


Figure 5: Virtual conference attendance in 2016



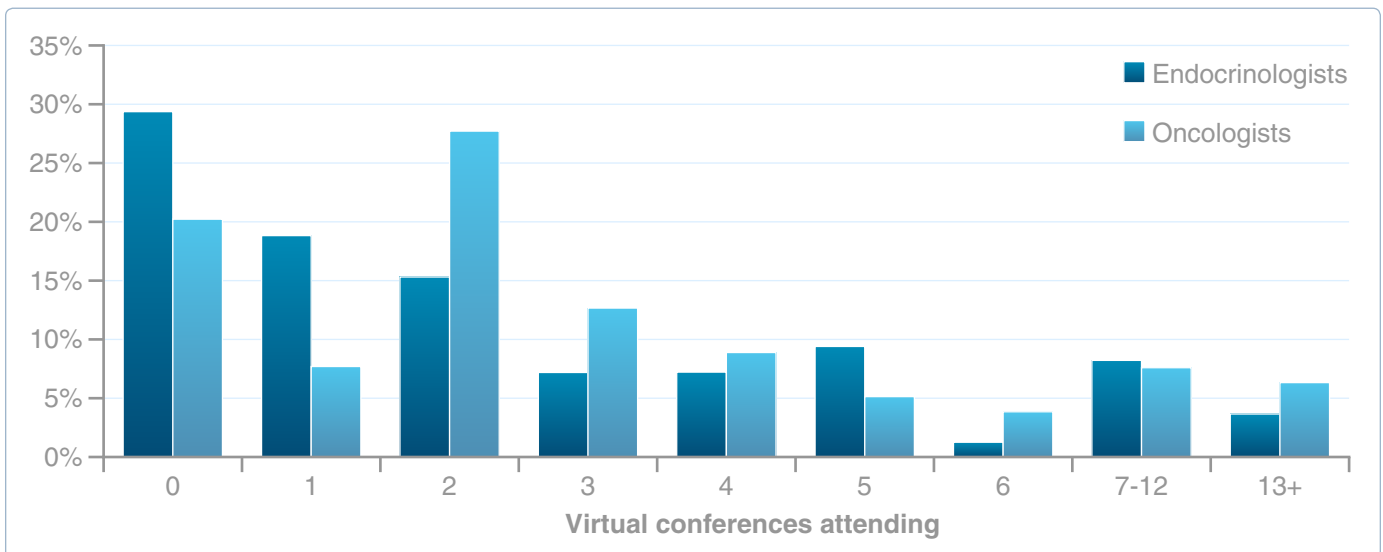
Virtual attendance was least popular among US-based physicians, with 34.7 percent stating they would not be virtually attending any conferences. This compares with 16.9 percent of physicians based in the EU5. However, virtual attendance to one or two conferences was fairly even on both sides of the Atlantic, at 36.0 percent of EU5 physicians and 33.3 percent of US physicians.

Figure 6: Virtual conference attendance in 2016 (EU5 vs US)



Virtual conference attendance appeared to be more popular with oncologists than with endocrinologists who responded to the poll. Among the endocrinologists surveyed, 29.4 percent indicated that they would not be virtually attending any conferences in 2016, compared with 20.3 percent of oncologists.

Figure 7: Virtual conference attendance in 2016 (Endocrinologists vs Oncologists)



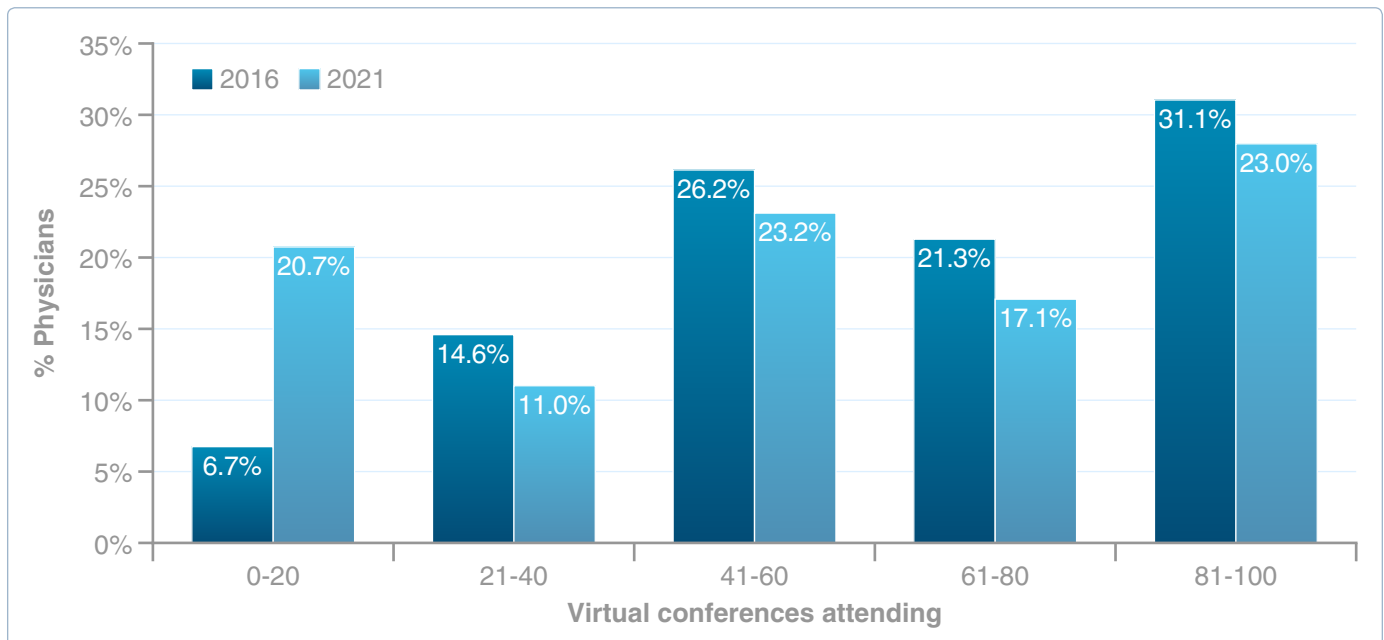
Physical conference attendance in 2021

Physicians were asked, of the total medical conferences that they expect to attend/participate in in five years' time, what proportion do they expect to attend in person? There were mixed views among respondents, with 20.7 percent (n=34) indicating that in person attendance would account for less than one fifth of their conference attendance, while 28.0 percent (n=46) expect to physically attend more than 80 percent of conferences in person. Interestingly, the mean average (57.1) percent) suggests that respondents expect to attend more than half of their medical conferences in person in 2021.

There were few regional differences, with 46.1 percent of EU5 respondents and 44.0 percent of US respondents expecting to attend more than 60 percent of medical conferences in person. Looking at the results by specialty, a significantly larger proportion of endocrinologists (51.8 percent) than oncologists (38.0 percent) expect to attend 60 percent or more of their medical conferences in person in five years' time.

Comparing the anticipated attendance in 2016 with 2021, there is a clear indicator that respondents generally expect to attend a smaller proportion of conferences in person in five years' time. The poll data indicate that one fifth of physicians (20.7 percent) anticipate attending 20 percent or fewer of their medical conferences in person in 2021, compared with 6.7 percent in 2016. At the other end of the scale, 28.0 percent of physicians expect to attend more than 80 percent of conferences in person in 2021, compared with 31.1 percent in 2016.

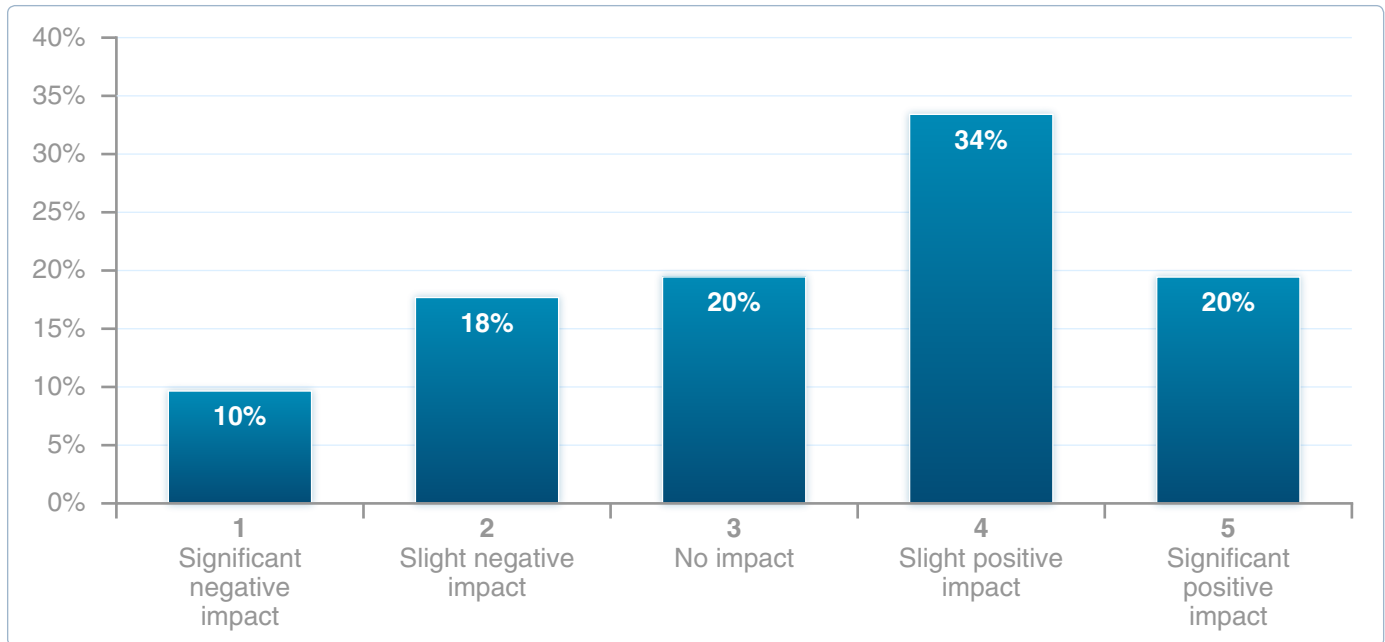
Figure 8: Physical conference attendance in 2016 vs 2021



The impact of online interactive medical conference channels on knowledge and education

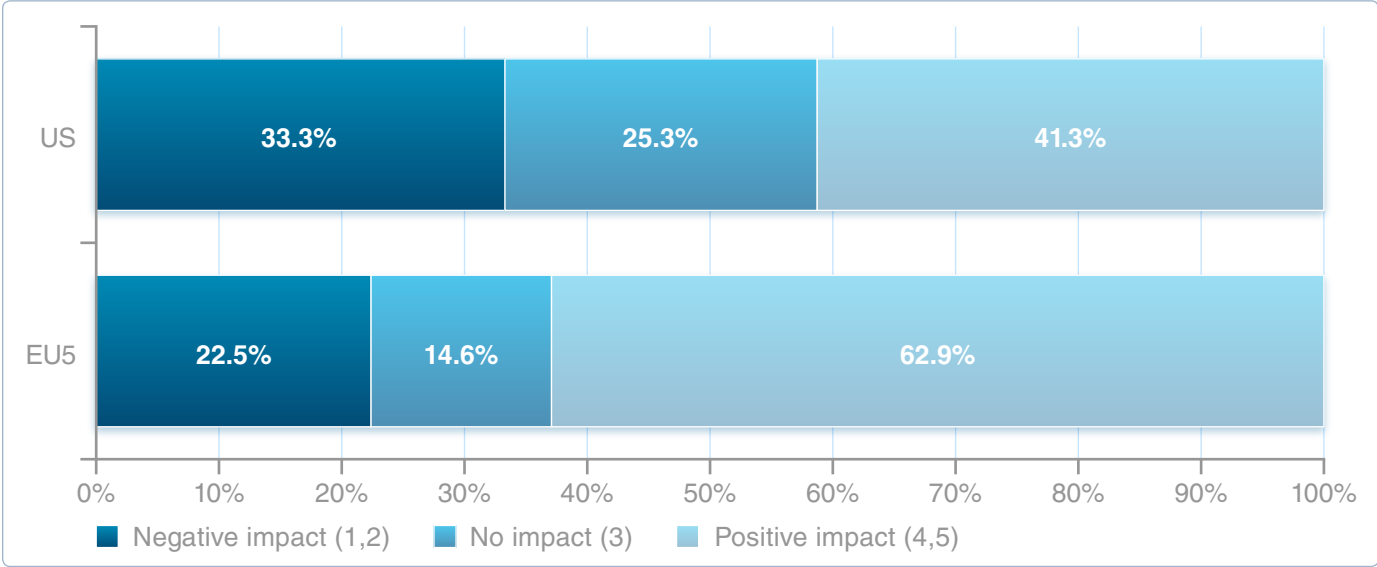
Asked what impact they expect medical conferences moving to an online virtual interactive format will have on their ability to access knowledge and education over the next five years, 28 percent of respondents expect a negative impact while 54 percent expect a positive impact. Twenty percent of respondents indicated that they do not expect any impact at all.

Figure 9: Impact of virtual interactive conferences over the next five years



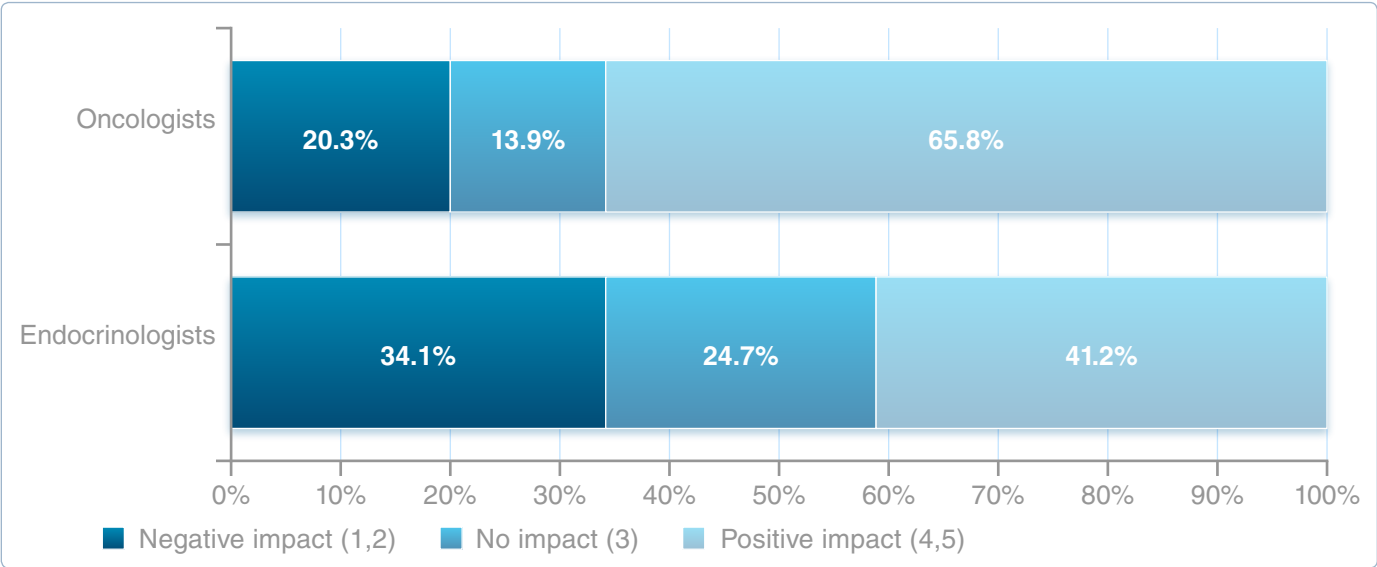
Some regional differences were evident, with a significantly higher proportion of respondents from the EU5 (62.9 percent) expecting online virtual interactive conference channels to have a positive impact on their ability to access information and education, compared with those based in the US (41.3 percent).

Figure 10: Impact of virtual interactive conferences over the next five years (EU5 vs US)



Similarly, divided opinions were evident between endocrinologists and oncologists. Among poll respondents, a significantly higher proportion of oncologists (65.8 percent) were more positive about interactive digital channels for conference information and education than endocrinologists (41.2 percent). Conversely, 34.1 percent of endocrinologists anticipated a negative impact of moving to interactive virtual channels, compared with 20.3 percent of oncologists.

Figure 11: Impact of virtual interactive conferences over the next five years (Endocrinologists vs oncologists)



Drivers for online virtual conference attendance

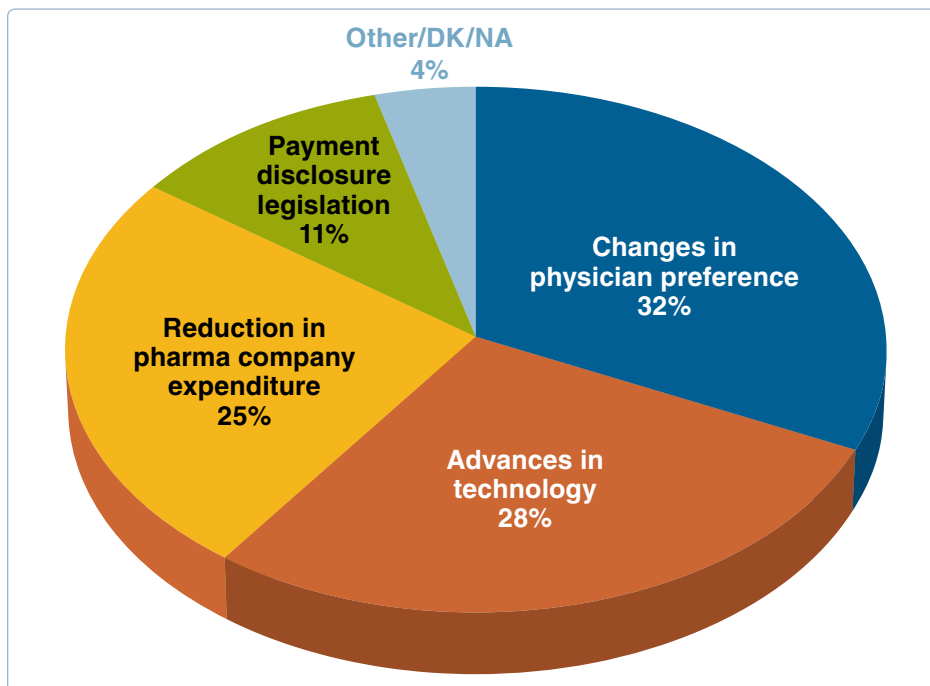
Physicians were asked what factors they considered would have the greatest impact on driving their medical conference attendance to online virtual interactive environments over the next five years. Respondents were provided with a choice of four possible drivers plus an option to insert free text if appropriate.

Of the 163 physicians who answered this question, 32 percent (n=53) indicated that the key driver was changes in physician needs and preferences for accessing knowledge and information in ways and at times of their choosing. Twenty-seven percent of respondents (n=45) thought that advancements in technology that enable the staging of effective online virtual interactive medical conferences was the most important driver, while 25 percent (n=41) thought that the key driver for change was a reduction in pharma company expenditure on physical medical conference attendance.

Eleven percent of respondents indicated that the change was driven by legislation requiring the disclosure of payments to physicians by pharma companies for attending or speaking at medical conferences in person, such as Open Payments in the US and the EFPIA Code on Disclosure.

The other most commonly identified driver among physicians who opted for an open response to this question was the increasing cost of attending conference in person at a time alongside changes to funding for CME from their employers.

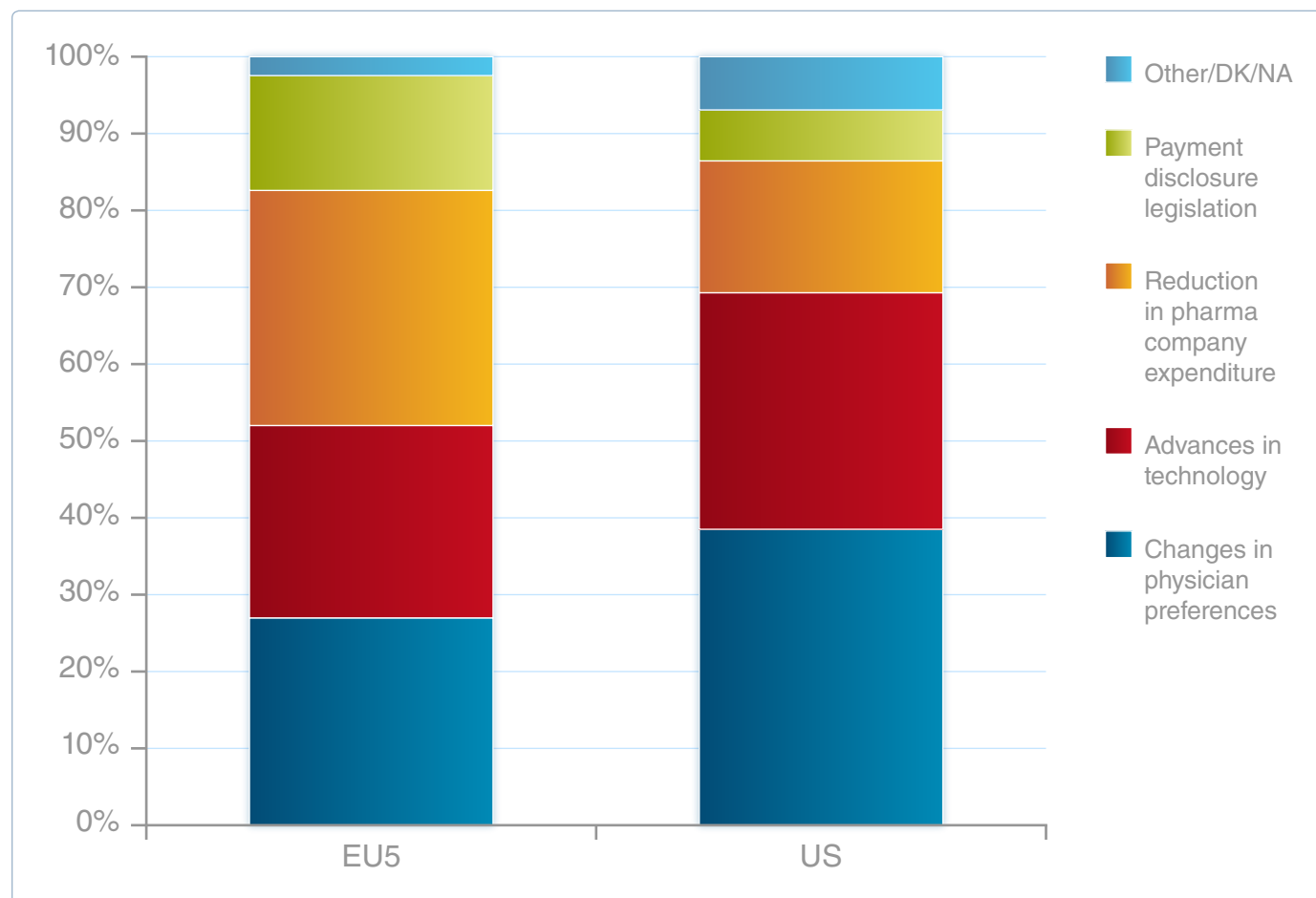
Figure 12: Drivers for virtual conference attendance over the next five years



There were some notable regional variations. Among US physicians, the most important drivers for virtual interactive conference attendance were identified as changes to physician preferences (39 percent) and advances in technology (31 percent). A reduction in pharma company expenditure appears to be less significant for US physicians and was highlighted as a key driver by 17 percent of respondents.

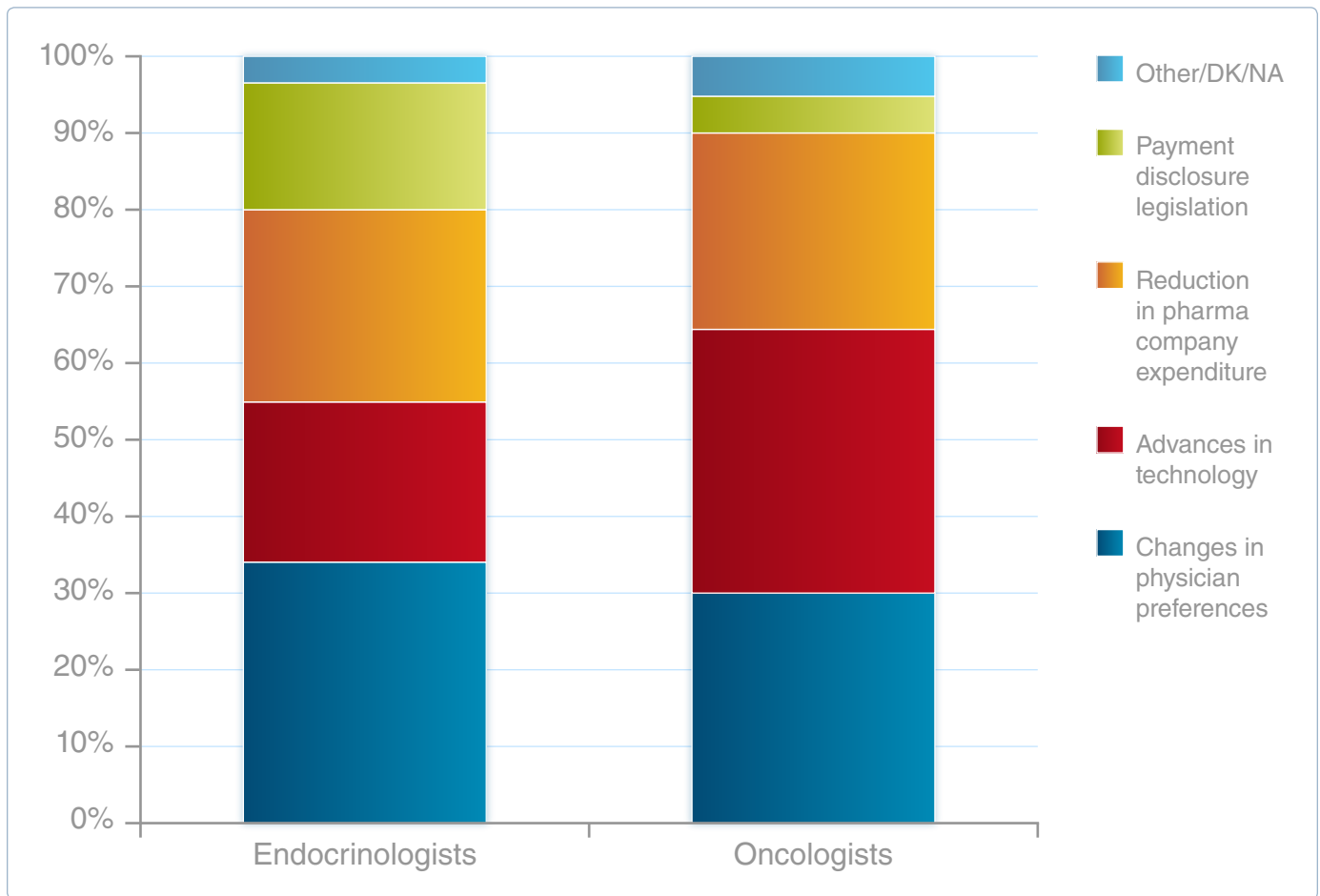
In contrast, 31 percent of physicians from the EU5 indicated that a reduction in pharma company spending on physical conference attendance would be the key driver of online virtual attendance over the next five years. The other main drivers for the move towards online virtual attendance echoed the top two drivers for the US physicians. Changes in physician preferences is the key driver for 27 percent of EU respondents, while advances in technology is key for 25 percent.

Figure 13: Drivers for virtual conference attendance over the next five years (EU5 vs US)



Similarly, there were differences between specialties, with endocrinologists noting the key drivers to be changes in physician preferences (30 percent) and reduction in pharma company expenditure for physical conference attendance (25 percent). For oncologists the key drivers are advances in technology (34 percent) and changes in physician preference (30 percent), although a similar proportion highlighted the reduction in pharma company spending (25 percent). Interestingly, significantly more endocrinologists highlighted payment disclosure as a key driver (16 percent) compared with oncologists (five percent).

Figure 14: Drivers for virtual conference attendance over the next five years (Endocrinologists vs oncologists)



Methodology and objectives

This report is based on the responses to a poll conducted by FirstWord, which was designed to evaluate physician perspectives on the future of medical conferences at a time when peer-to-peer networking, education and information exchange increasingly happens in a virtual environment. The respondents were endocrinologists (n=85) and oncologists (n=79) based in the US (n=75) and EU5 (n=89). The total number of respondents across disciplines and geographic regions was 164.

Physicians were invited to respond to the following questions:

- Q1. How many medical conferences will you attend in person in 2016?
- Q2. How many medical conferences will you attend remotely by way of online virtual interactive sessions in 2016?
- Q3. Of the total medical conferences that you expect to attend/participate in in five years' time, what proportion do you expect to attend in person?
- Q4. What impact do you expect medical conferences moving to an online virtual interactive format will have on your ability to access knowledge and education over the next five years?
- Q5. What factor will have the greatest impact on driving your medical conference attendance to online virtual interactive environments over the next five years?

Endnotes

- 1 FirstWord (September 2016) The Real Value of Medical Affairs. Retrieved from <http://uk.fwreports.com/dossier/the-real-value-of-medical-affairs/#.WEAS62VEZTd>
- 2 FirstWord (April 2016) New KOL Engagement: Building Relationships with the Digital KOL Generation. Retrieved from <http://uk.fwreports.com/dossier/new-kol-engagement-building-relationships-with-the-digital-kol-generation/#.WEAT-WVEZTd>
- 3 Starnes, L. (December 2013) The medical conference is dead, long live the medical conference. Retrieved from <http://www.slideshare.net/lenstarnes/future-of-med-confs-final-11-dec-2013>
- 4 Ricci, M. (April 2016) Pharma's virtual conferencing roadmap. Retrieved from <http://pharmaphorum.com/views-and-analysis/pharmas-virtual-conferencing-roadmap/>
- 5 Centers for Medicaid and Medicare Services (accessed November 2016) Open Payments. Retrieved from <https://www.cms.gov/openpayments/>
- 6 EFPIA (2015) Pharma Disclosure. Retrieved from <http://pharmadisclosure.eu/about-2/>